PTO/SB/06 (08-00)

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Under the Paperwork Reduction Act of 1995 to persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DEVERSALINATION RECORD WST85AUSA OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) **FOR** NUMBER EXTRA NUMBER FILED **RATE** RATE FEE FEE HUG **BASIC FEE** \$ OR (37 CFR 1.16(a)) S TOTAL CLAIMS minus 20 =OR (37 CFR 1.16(c)) 3 INDEPENDENT CLAIMS minus 3 =OR (37 CFR 1.16(b)) 9 200 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR then zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II \* If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN **SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE TIONAL** TIONAL **AMENDMENT** RATE **AFTER** PREVIOUSLY **EXTRA** FEE **FEE AMENDMENT** PAID FOR OR Total Minus 18 0 41 (37 CFR 1.16(c)) OR Independent \*\*\* Minus 0 (37 CFR 1.16(b)) 6 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR **TOTAL** TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI- $\mathbf{m}$ REMAINING **PRESENT** NUMBER **RATE TIONAL RATE** TIONAL **AFTER AMENDMEN** PREVIOUSLY **EXTRA** FEE **FEE AMENDMENT PAID FOR** OR Total Minus = x \$ (37 CFR 1.16(c)) OR Independent \*\*\* Minus = (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column I) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI- $\mathcal{O}$ REMAINING **NUMBER PRESENT RATE TIONAL** TIONAL **RATE AMENDMENT AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT **PAID FOR** OR Total \* \*\* Minus = x \$\_ (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT, FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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